

Figure 1

000000000000000000000000

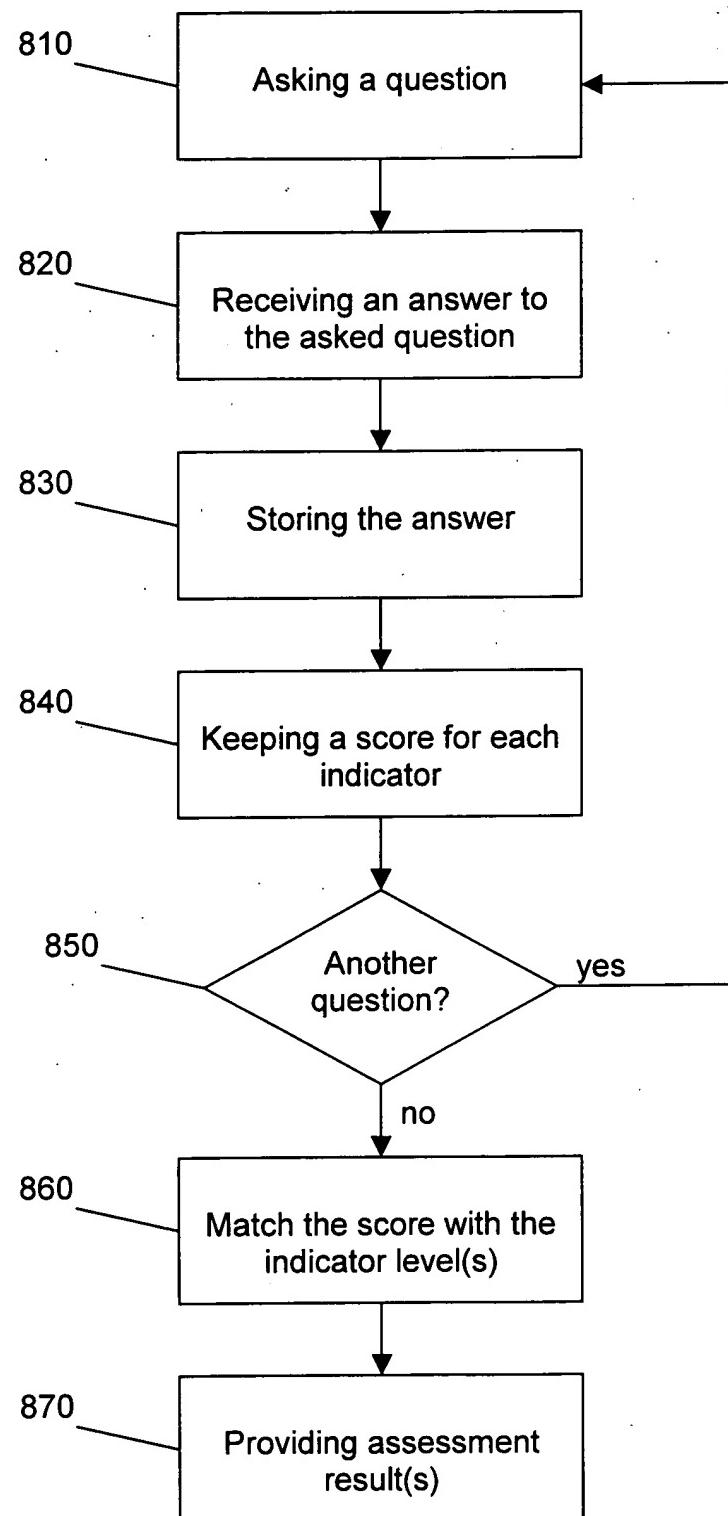


Figure 2(a)

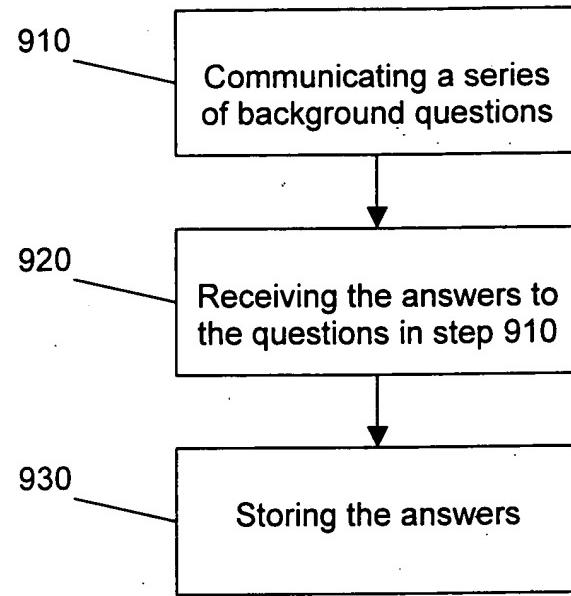


Figure 2(b)

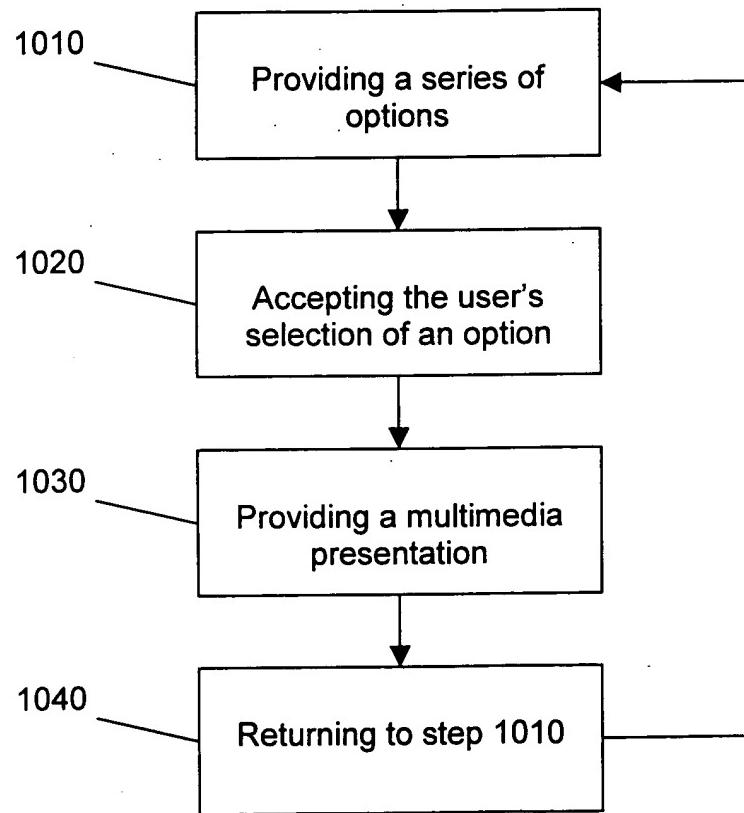


Figure 2(c)

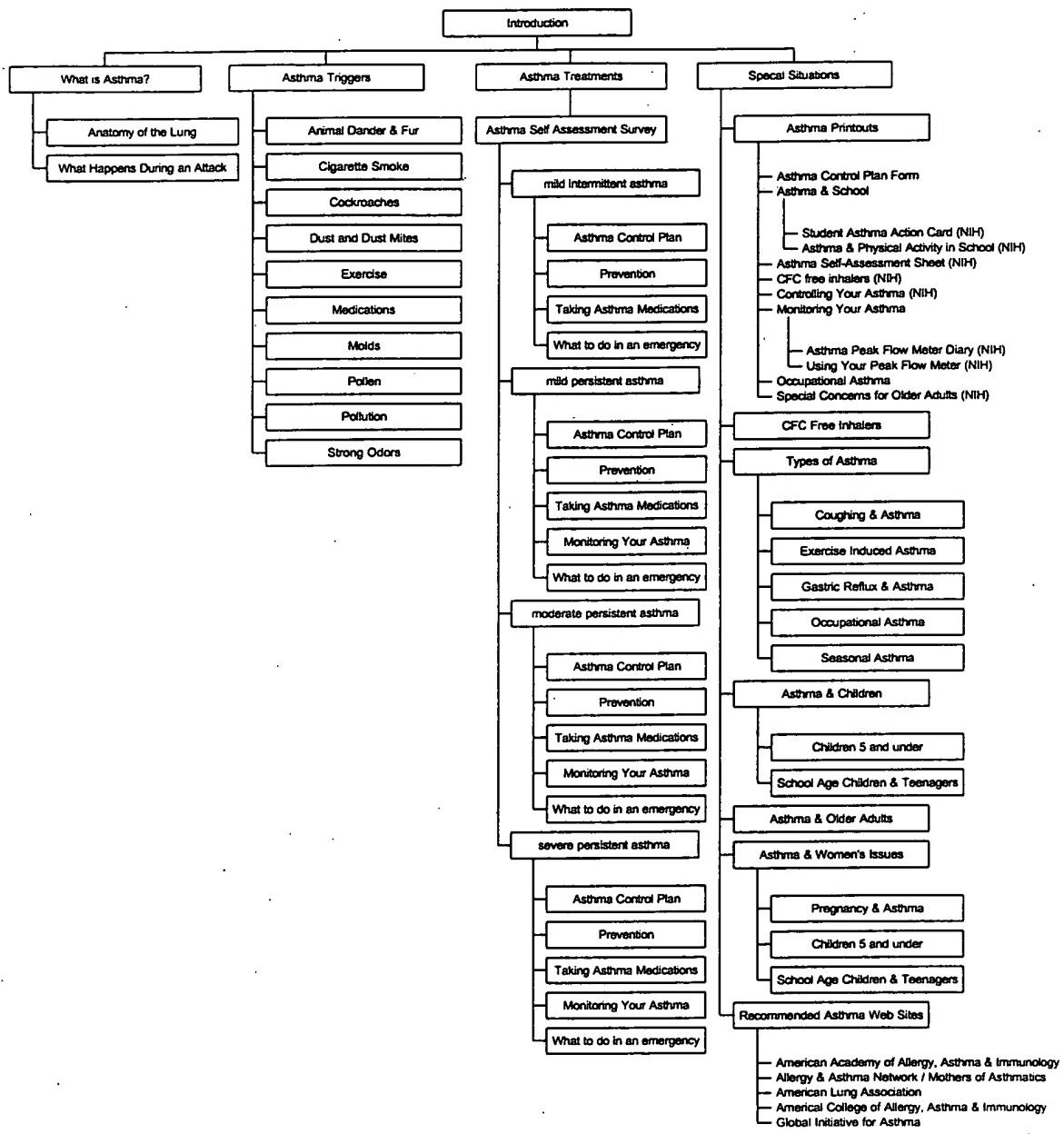


Figure 3

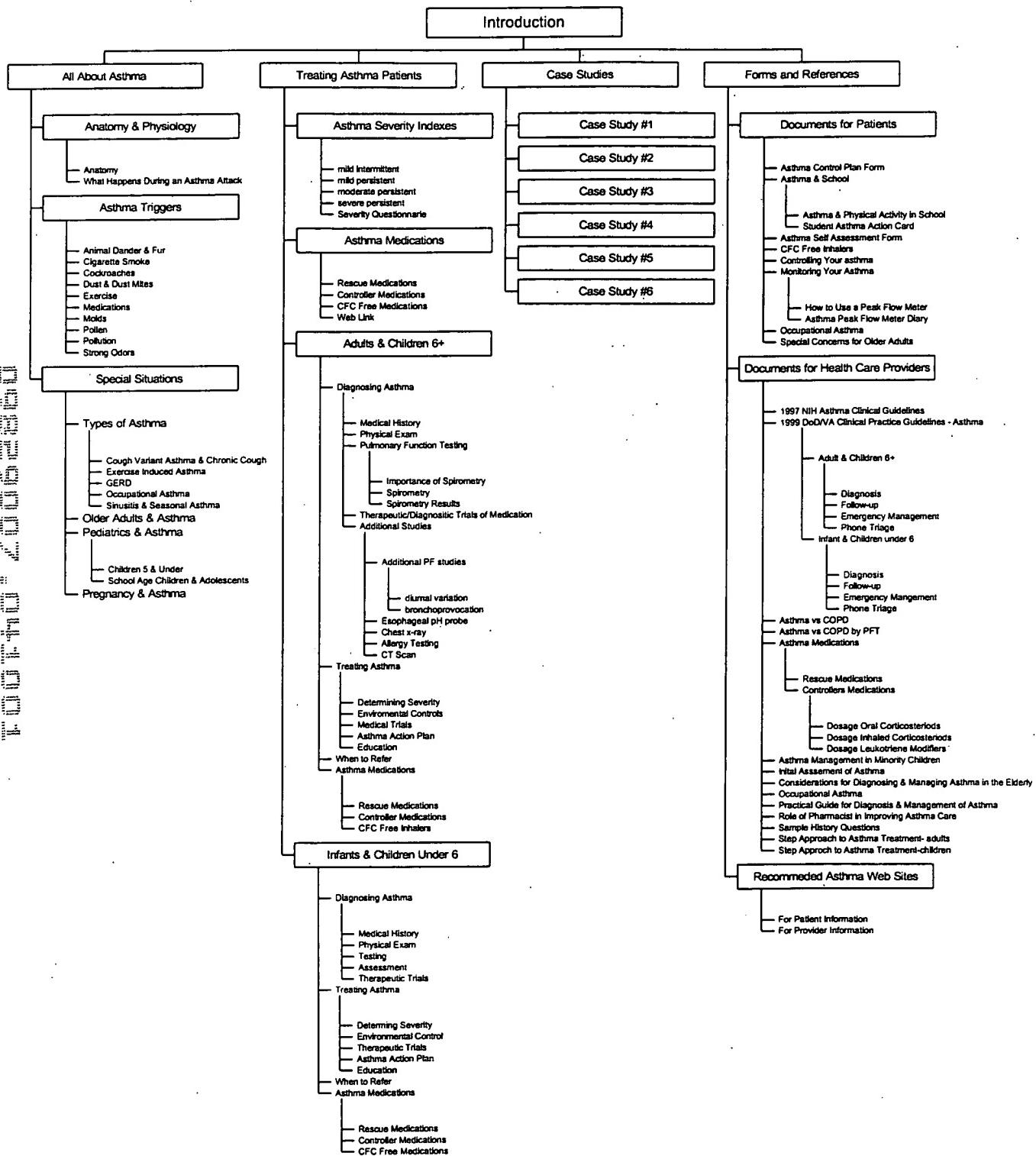
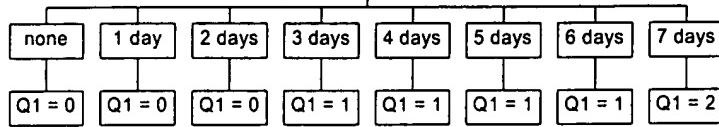


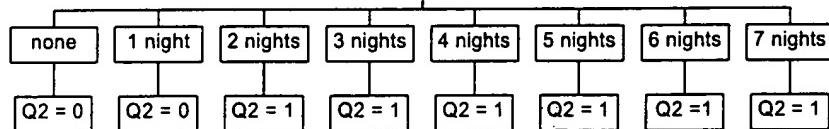
Figure 4

QUESTIONNAIRE

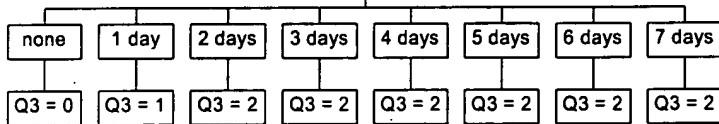
How many days in the past week have you (has your patient) had chest tightness, cough, shortness of breath, or wheezing?



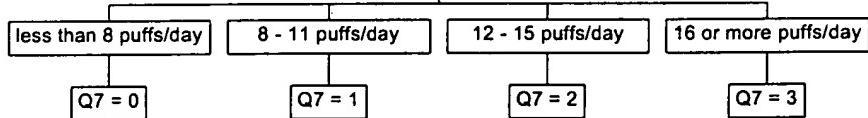
How many nights in the past week have you (has your patient) had chest tightness, cough, shortness of breath, or wheezing?



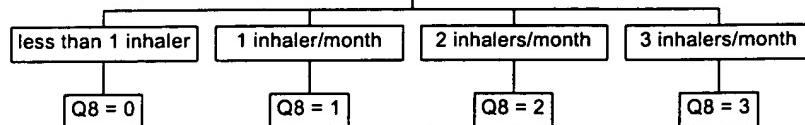
How many days in the past week has asthma restricted your (your patients) physical activity?



On average, how many puffs of a rescue (short acting) inhaler, or beta2-agonist, do you (does your patient) use per day?



How many rescue (short-acting) inhalers, or beta2-agonists, did you (your patient) use in the past month?



$$\text{Total Score} = (Q1 + Q2 + Q3 + Q7 + Q8)$$

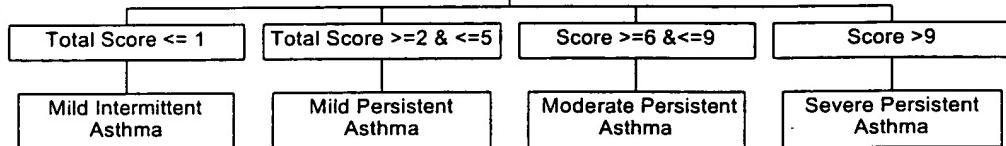


Figure 5

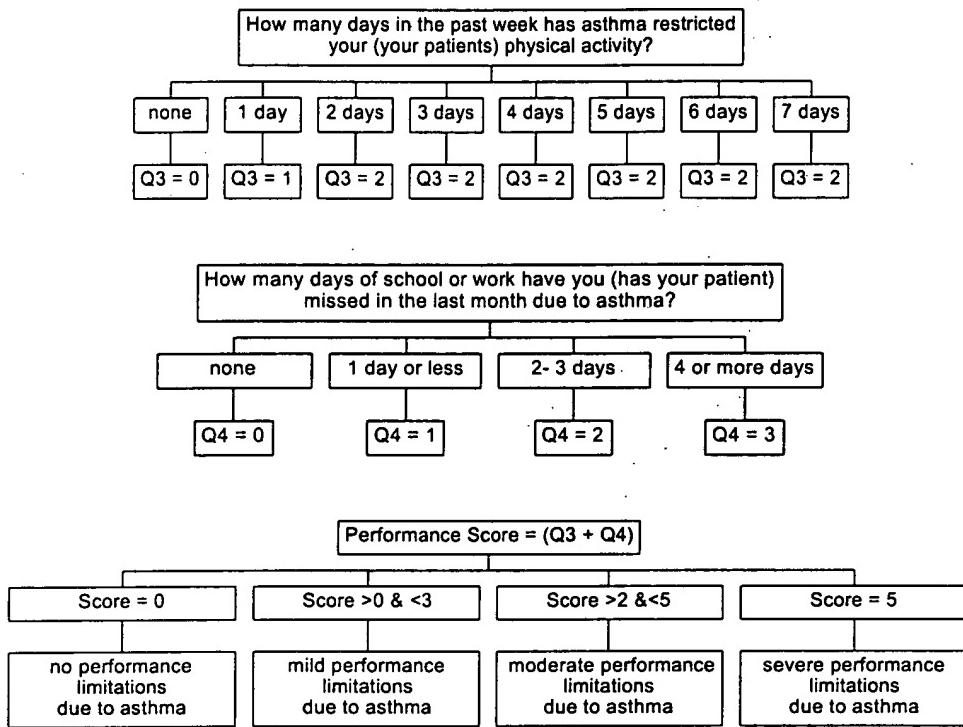


Figure 6

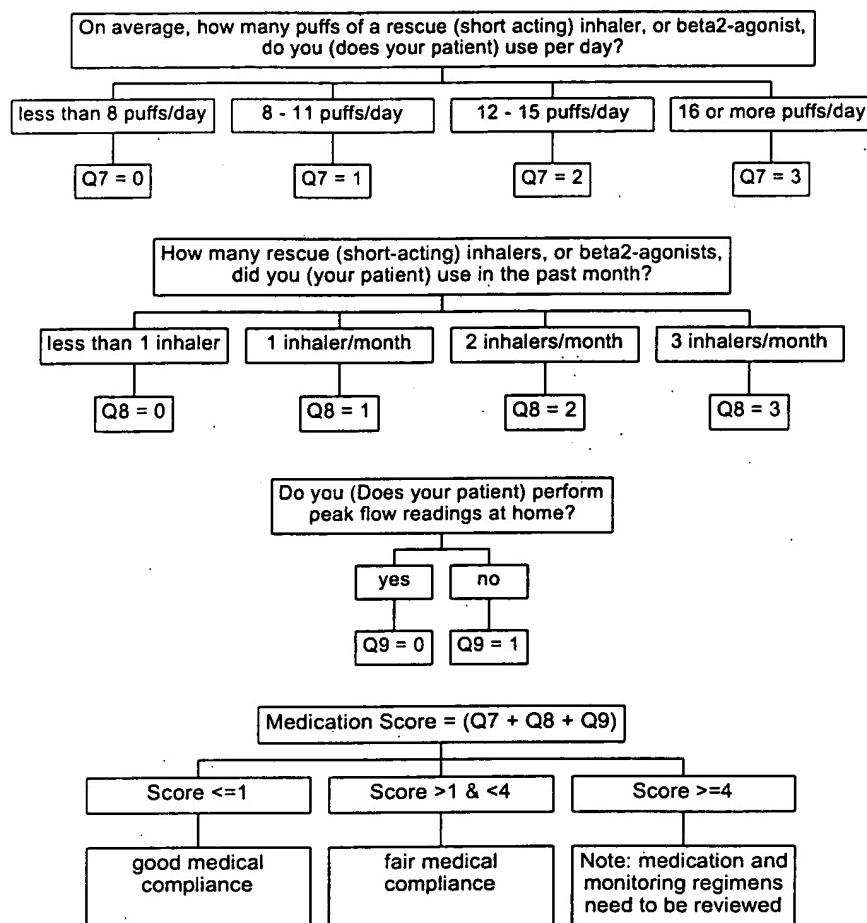


Figure 7

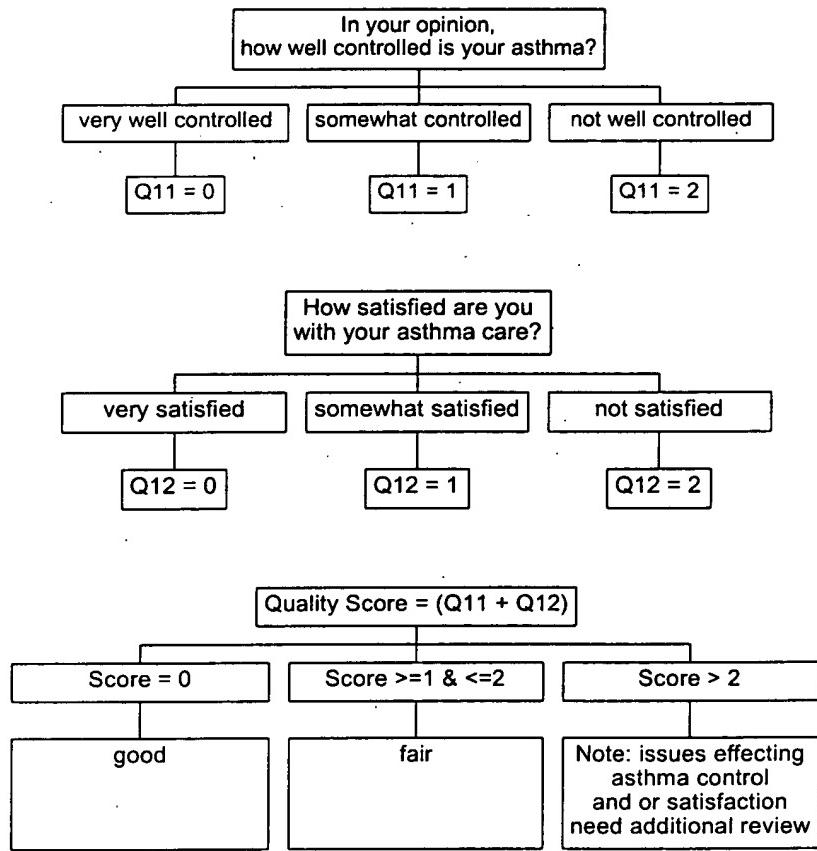


Figure 8

Asthma Self Assessment Survey

Name: <-----FirstName-----> <-----LastName----->
SSN: <-----Password----->
Daytime Phone: _____
Date: <-----Date----->

Asthma Severity Index - Fits a profile of <-----AS-----> Asthma.

Asthma Symptoms

<-----Question1-----> of asthma symptoms in the past week.
<-----Question2-----> of asthma symptoms in the past week.
<-----Comment5-----> asthma attacks since last doctor's appointment.
<-----Comment6-----> unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has <-----PS-----> performance limitations due to asthma.

<-----Question3-----> of restricted physical activity in the past week.
<-----Question4-----> of missed school/work in the past month due to asthma.

Medication & Monitoring - <-----MS----->

<-----Question7-----> of quick relief medicine, like Albuterol, used per week.
<-----Question8-----> of quick relief medicine, like Albuterol, used per month.
<-----Comment9-----> take peak flow meter readings at home.
<-----Comment10----->

Quality of Life - <-----QS----->

Feels asthma is <-----Question11-----> controlled.
Feels <-----Question12-----> satisfied with asthma care.

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the Center for Total Access - Fort Gordon, GA - 2000

*** Please Note: It is important to share this information with your healthcare provider. If you do not have a scheduled appointment in the near future, please feel free to mail this form to your healthcare provider for his/her review.***

Figure 9(a)

Asthma Self Assessment Survey

Name: john doe
SSN: 000112222
Daytime Phone: _____
Date: 2/15/00

Asthma Severity Index - Fits a profile of Mild Intermittent Asthma

Asthma Symptoms

- No days of asthma symptoms in the past week.
- No nights of asthma symptoms in the past week.
- Has not had asthma attacks since last doctor's appointment.
- Has had unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has mild performance limitations due to asthma

- 1 day of restricted physical activity in the past week.
- 1 day or less of missed school/work in the past month due to asthma.

Medication & Monitoring - Good medical compliance

- Less than 8 puffs of quick relief medicine, like Albuterol, used per week.
- Less than 1 inhaler of quick relief medicine, like Albuterol, used per month.
- Does not take peak flow meter readings at home.

Quality of Life - Fair

- Feels asthma is very well controlled.
- Feels somewhat satisfied with asthma care.

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the CTA Disease Management - Fort Gordon, GA - 1998

*** Please Note: It is important to share this information with your healthcare provider. If you do not have a scheduled appointment in the near future, please feel free to mail this form to your healthcare provider for his/her review.***

Figure 9(b)

Asthma Patient Assessment Survey

Name: _____

SSN: _____

Daytime Phone: _____

Date: <-----Date----->

Asthma Severity Index - Fits a profile of <-----AS-----> Asthma

Asthma Symptoms

<-----Question1-----> of asthma symptoms in the past week.
<-----Question2-----> of asthma symptoms in the past week.
<-----Comment5-----> asthma attacks since last doctor's appointment.
<-----Comment6-----> unscheduled visits to the doctor, including the ER, since last appointment.

Performance - Has <-----PS-----> performance limitations due to asthma

<-----Question3-----> of restricted physical activity in the past week.
<-----Question4-----> of missed school/work in the past month due to asthma.

Medication & Monitoring - <-----MS----->

<-----Question7-----> of quick relief medicine, like Albuterol, used per week.
<-----Question8-----> of quick relief medicine, like Albuterol, used per month.
<-----Comment9-----> take peak flow meter readings at home.
<-----Comment10----->

This assessment survey is based on the 1997 NIH National Heart Lung Blood Institute Clinical Asthma Guidelines.

Created by the Center for Total Access - Fort Gordon, GA - 2000

Figure 10